

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER IBEW LOCAL 440 PAC FUND			Date of This Filing _____ 04/11/2017	Date Stamp Page 2 of 2	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;"> CALIFORNIA FORM 497 </div> For Official Use Only
AREA CODE/PHONE NUMBER (951)684-5665	I.D. NUMBER (if applicable) 1302490	Report No. _____ 01-2017			
STREET ADDRESS _____			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY RIVERSIDE	STATE CA	ZIP CODE 92507	No. of Pages _____ 2		

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
04/11/2017	RAFAEL ELIZALDE FOR RIVERSIDE CITY COUNCIL 2017 RIVERSIDE, CA 92502 ID# 1392250 Memo Reference: 1	RAFAEL ELIZALDE RIVERSIDE CITY COUNCIL Jurisdiction: City RIVERSIDE	\$1,000.00	06/06/2017

Reason for Amendment: